



12. Instructor(s) information

Instructor's Name	Title	Employer	Phone Number
			(    )    –
			(    )    –
			(    )    –

13. How will satisfactory completion of this course be determined? Please select **all that apply**.

- Attendance ☐
- Examination ☐
- Site visits ☐
- Skill demonstrations ☐
- Other ☐

\_\_\_\_\_

14. Contact Person's Signature

\_\_\_\_\_

Date

\_\_\_\_\_